

INK Area GBVF Stakeholder Mapping Report- Expansion Sites



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Abbreviations

CCI	Centre for Communication Impact
CDW	Community Development Worker
CEM	Community Education and Mobilisation
CLO	Community Liaison Officer
CSO	Civil Society Organisation
DOH	Department of Health
ECD	Early Childhood Development
EPWP.	Expanded Public Works Programme
FAMSA	Families South Africa
FCS	Family Violence, Child Protection and Sexual Offences Investigations Unit
GBF	Governing Body Foundation
GBV	Gender-Based Violence
GHJRU	Gender Health Research and Justice Unit
GDF	Gugu Dlamini Foundation
HIV	Human Immunodeficiency Virus
IR	Intermediate Results
LGBTQIA	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex and Asexual
M&E	Monitoring and Evaluation
MER	Monitoring and Evaluation Reporting
MSM	Men who have sex with men
NPA	National Prosecuting Authority
OMC	One- Man- Can
OVC	Orphans and Vulnerable Children
RM&E	Research, Monitoring and Evaluation
SAG	South African Government
SAPS	South African Police Service
TCC	Thuthuzela Care Centres
TIP	Trafficking In Persons
TVET	Technical and Vocational Education and Training
UN	United Nations
USAID	United States Agency for International Development
VEP	Victim Empowerment Programme

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1. Introduction and Background

Evidence has shown that no single sector or organisation can adequately address all elements of Gender Based Violence and Femicide prevention and response. The Centre for Communication Impact (CCI) leads implementation of the 5-year USAID-funded 'Strengthening Local Governance to Improve Gender Based Violence Response' Project, also known as the Masiphephe Network. It is a Multi-Stakeholder Model for ending Gender Based Violence and Femicide (GBVF) which represents a holistic and coordinated approach aimed at working at different levels of society, and with multiple actors to prevent and respond to GBV. CCI works with the University of Cape Town's Gender, Health and Justice Research Unit (GHJRU) which is a research technical partner, together with six community partner organisations viz:

- Agisanang Domestic Abuse Prevention and Training (ADAPT) in the City of Johannesburg (Gauteng Province),
- Sonke Gender Justice (Sonke) in the City of Johannesburg (Gauteng Province),
- Ethembeni Crisis Care Centre (ECCC) in eThekweni Metro (KZN Province),
- Gugu Dlamini Foundation (GDF) in eThekweni Metro (KZN Province),
- Project Association Southern Africa (PSASA) in the City of Mbombela and Emalahleni local municipality (Mpumalanga Province).

The methodology of the project is based on the ecological framework that considers individual level risk factors, community and society level factors and, proposes a technical approach that examines and addresses the combination of risk factors that increase the likelihood of GBV in a particular setting. The ecological framework has gained broad acceptance and international recognition for conceptualizing violence, allowing for exploration of how individual and community level risk factors relate to each other and ultimately influence vulnerability to GBV. Project partners are supporting the implementation of the White Paper on Safety and Security (White Paper) and the National Strategic Plan on GBV and Femicide (NSP-GBV) (2020-2030). Approved and adopted by Cabinet in April 2016, the White Paper seeks to (i) promote an integrated approach to

community safety, crime prevention and violence; (ii) facilitate the objective of building safer communities in South Africa as set out in the National Development Plan (NDP); and (iii) facilitate an enabling environment for active community and civil society participation. The purpose of the NSP on GBV and Femicide is to provide a multi-sectoral, coherent strategic policy and programming framework to ensure a coordinated national response to the crisis of GBV and femicide by the government of South Africa and the country as a whole. The project is directly aligned with five out of six pillars of the NSP, viz: and (i) Accountability, Coordination and Leadership; (ii) Prevention Rebuilding Social Cohesion; (iii) Justice, Safety and Protection; (iv) Response, Care, Support and Healing; and (v) Research and Information Management.

Consistent with the Implementation Framework of the White Paper as well as the pillars of the NSP, the project also implements a package of technical and organisational development interventions to improve effectiveness and sustainability of the existing GBV coordination forums. Through the GBV forums, multisectoral action is being cultivated and sustained. The multisectoral coordination forums are using the guiding principles and core values of the Implementation Framework of the White Paper which are: (i) Equality in access, protection and services; (ii) Commitment of high-quality service; (iii) Integrated planning and implementation; and (iv) Evidence-based planning and implementation. The principles of the NSP on GBVF also guide implementation of the project and these include (among others) – (i) a multi-sectoral approach; (ii) active and meaningful community participation; (iii) visionary, gender-responsive and transformative approach; (iv) a human rights-based, victim-centred and survivor-focused approach; (v) intergenerational youth friendly approach; (vi) mutual accountability for changes; and (vii) inclusiveness, embracing diversity and intersectionality.

The overall goal of the project is “To reduce vulnerability to GBV through improved local governance and service delivery”. This goal will be achieved through the project’s strategic objective which is to strengthen the capacity of local structures to lead, coordinate and manage a community response to GBVF prevention and mitigation.

CCI, GDF and key community level stakeholders selected additional wards in eThekweni’s INK region based on an expansion strategy that informed the selection of expansion sites

for implementation of the programme. The partners note that the expansion of the Masiphephe network and interventions in the area cannot be uniformed across the four municipalities, because the opportunities of geographic expansion are different and are influenced by the prevailing GBVF prevalence and drivers; GBV prevention and response service providers and networks. The ecological model that is the guiding framework for all interventions and engagements within the Masiphephe Network, enables flexibility, considers drivers and causes of GBVF, prevention and response mechanisms to identify and leverage on the potential to harness the existing networks and appropriately inform and guide the selection of sites either by ward, Police Station Coverage, or Magisterial district coverage areas.

This report details the stakeholder analysis for new stakeholders in extended Masiphephe Network project sites coordinated by CCI's Community partner, Gugu Dlamini Foundation (GDF) which is based in KwaMashu Township (ward 45) within eThekweni Metro in KwaZulu-Natal Province.

The key document guiding this work is the CCI Stakeholder Mapping Strategy for Gender Based Violence and Local Governance Response Project. This document defines Stakeholder Mapping as "a collaborative process of research, debate, and discussion that draws from multiple perspectives to determine a key list of stakeholders across the entire stakeholder spectrum. This process may also include visual representation of a stakeholder analysis, organizing the stakeholders according to the key criteria with which they will be managed during the project. Some of those criteria may include interest, influence, financial stake, emotional stake, beneficiaries, those on the periphery who are still important enough to keep in the loop".

Stakeholder analysis is a process of systematically gathering and analysing qualitative information to determine whose interests should be taken into account when developing and/or implementing a policy or program

2. Project Expansion

CCI and partners have identified the first set of wards where project implementation will take place in Year 1 of the 5year Project. GDF, like other community-based partners, is expected on an annual basis, to increase the number of project implementation sites by expanding to new municipality wards. The main targets group for this assessment are the organisations working on preventing and redressing GBVF in their respective wards/region (within eThekweni North) where GDF is facilitating the implementation of project activities. This mapping aims to complement the 2018/2019 mapping in initial project wards as some existing stakeholders also work in bother initial and new project sites. The complementary mapping is targeted at new stakeholders at project expansion sites where programme implementation will be conducted and intensified from July 2020 to June 2023. Stakeholders not mapped previously at the initial 2018/2019 project sites will also be mapped. The data collected will provide information about all the stakeholders in the local communities to inform for programme strategy, planning, partnership building and in strengthening collaboration for GBVF prevention, response, and mitigation interventions within the Masiphephe Network. already work in the new wards. In that case, there is no need to map them again. Mapping should only be for new stakeholders in new wards or existing relevant stakeholders who were not mapped. Gugu Dlamini Foundation will be expanding to four additional municipal wards (project implementation sites) and these expansion sites are the following:

- I. Ward Number 3 in Inanda,
- II. Ward Number 38 in Ntuzuma,
- III. Ward Number 54 in Inanda, and
- IV. Ward Number 104 in KwaMashu.

3. Rationale for Stakeholder Mapping

The mapping exercise is aimed at mapping organizations/stakeholders as well as prospective beneficiaries that are engaged in the process of prevention, redressing and mitigating the prevalence of GBVF and harms. The mapping exercise will target stakeholders in the new project expansion sites where programme implementation will be

conducted and intensified from July 2020 to June 2023. As a result, the collected data will provide valuable background information that will inform initiatives to strengthen the response to GBVF. The stakeholder mapping will also enable CCI, GHJRU and the GDF and stakeholders in the Masiphephe Network to engage all relevant stakeholders and sustain collaboration with them through the regional/local GBVF Coordination Forums and Technical Working Groups. Through the mapping process, GDF aims to achieve the following:

- To determine which stakeholders are most critical and relevant to engage with in selected expansion sites;
- Determine if there are any glaring gaps in expansion sites in the delivery of services to survivors of GBV;
- Assess existing coordination mechanisms including collaboration structures to addresses GBV in the targeted expansion sites and assess the resources communities can leverage on;
- Identify the stakeholders that participate in local collaboration structures and create partnership and working relations with them;
- Contribute towards the identification of existing community resources that can be leveraged to scale up and sustain successful community-based GBV prevention and response interventions;
- Build successful relations between key GBV service providers;
- Identify and collaborate with prospective beneficiaries;
- Utilize the mapping to create succinct information of the services, locations of stakeholders and the coordinates to locate the local of the stakeholders; and
- Utilize the stakeholder information to upload on the USAID database as well as Safetipin (where possible).

4. Stakeholder Mapping Process

The GBV Stakeholder Mapping Strategy document outlines the process of how the stakeholder mapping process must be done. Based on this strategy, a mapping tool was developed and used in the initial mapping activities in 2018-2019. The mapping tool has been revised to make it more concise and to be easily applied primarily through online

(telephone) mapping, due to the COVID-19 national lockdown restrictions. CCI has identified a core group of mapping teams within each community partner – and these include: Project Managers, Project Facilitators and Community Mobilisers.

A virtual stakeholder orientation (training) session on the mapping tool was conducted with all community partners on 27th of July 2020 in line with the COVID 19 protocols. A one on one session (CCI and GDF Stakeholder mapping team) was held to afford the team an opportunity to ask clarity seeking questions and discuss practical implementation challenges and solutions.

GDF used a snowballing approach working local leadership and the War Rooms to identify all the relevant groups, organizations, and people involved in GBVF prevention and response within the project expansion sites. This included desktop research of organizations/stakeholders which are engaged in the process of mitigating and redressing of the prevalence of GBVF.

Through a process of prioritisation based primarily on programme relevance and location of the organisation, a list of organisations and individuals to be mapped was finalized. A schedule of interviews (telephonic and face to face) was developed. Using the Masiphephe Network Stakeholder Mapping Tool, the GDF team conducted telephone mapping interviews, and where possible face-to-face interviews were conducted while observing the national COVID-19 regulations and restrictions. The data collection (interviews) were complemented with desktop research to gather additional information.

5. Stakeholder Data Analysis Methodology and Plan

The stakeholder mapping strategy document asserts that key outcome of the mapping process must yield an understanding of each potential stakeholder relevance and the perspective they offer, as well to understand their relationship to GBVF. This analysis plan helped clarify and rank the critical or relevant stakeholders to work with and key insights about each. The following five criteria informed the hierarchical will help in this ranking as well as exclusion of stakeholders: -

- I. **Contribution (value):** Does the stakeholder have information, counsel, or expertise on GBV that could be helpful to CCI and its partners?
- II. **Legitimacy:** How legitimate is the stakeholder’s claim for engagement?
- III. **Willingness to engage:** How willing is the stakeholder to engage?
- IV. **Influence:** How much influence does the stakeholder have? CCI will clarify “Who” they influence, and “How” do they influence others).
- V. **Necessity of involvement:** Will the stakeholder derail or delegitimize the process if they were not included and engaged in the Community Collaboration Network? The CCI team will conduct an analysis to determine the analysis for involvement.

The analysis of the below five criteria will be used to create and populate a chart with short descriptions of how stakeholders fulfil them. Values will be assigned to each criteria (from low to high). CCI embarked on a process of stakeholder identification through the community partners, then conducted rigorous individual stakeholder interviews using a standard mapping tool.

Stakeholder	Contribution Legitimacy	Willingness to Engage	Influence	Necessity of Involvement	Final outcome
Stakeholder 1	High: Knowledge in GBV is of value to CCI	High: Directly affected by CCI’s GBV project activities	High: Proactive group that is already engaging	Low: Relatively unknown group	
Stakeholder 2	Medium	Medium	High	Medium	
Stakeholder 3	Low	Low	Medium	Low	
Stakeholder 4	Low	Medium	Low	Medium	
Stakeholder 5	High	Medium	Low	High	

Table 1: CCI Stakeholder Analysis Criteria 2018/2019

A semi-structured questionnaire (Masiphephe Network Stakeholder Mapping Capturing Tool 2020) was used to probe and assess the GBVF work undertaken by various stakeholders in GDF's expansion sites. This process included interviews with a range of pre-identified statutory and non-statutory stakeholders, including organisations working with orphans and vulnerable children (OVC), local government officials, health facility employees, non-government organisations in the GBVF prevention and response sphere, and other organisations and individuals working on gender-based violence.

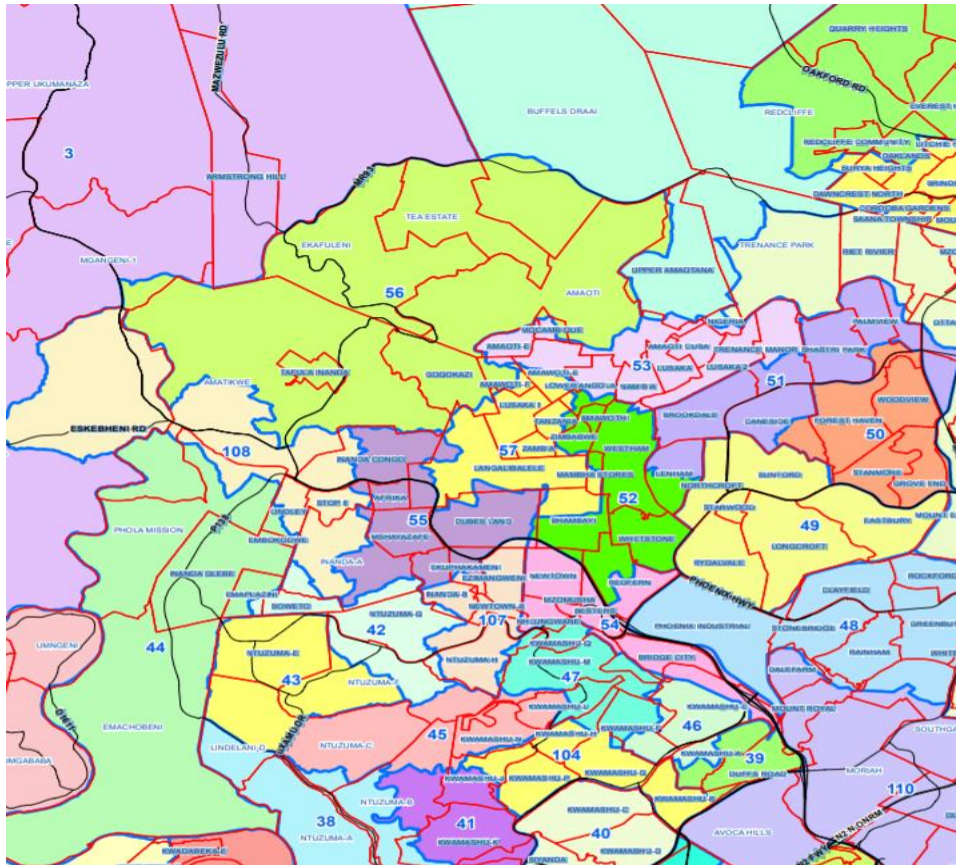
The mapping in GDF's expansion sites commenced on 27th of July 2020 and was completed on the 19th of August 2020. The data was captured in Masiphephe Network Stakeholder Mapping Capturing Tool 2020 (excel spreadsheet). The Mapping tool was used to explore and understand stakeholders' roles, capacity, needs and willingness to participate in a collaborative structure. The following thematic areas were explored:

- Stakeholder Administrative Information,
- Overview of the Organisations,
- Population served,
- Resources needed to enhance their services,
- Reporting of GBV cases,
- Referrals and partnerships in service delivery and support,
- Current participation in GBV response and willingness to participate in a collaborative structure such as Masiphephe Network,
- Current challenges to coordination and collaboration,
- Recommendations.

6. Findings

6.1 Understanding the Population Served- Expansion Sites

GDF has identified four new wards where the project will expand its activities, these are



Ward Number 3 in Inanda, Ward Number 38 in Ntuzuma, Ward Number 54 in Inanda, and Ward Number 104 in KwaMashu.

These areas are serviced by different police stations (see table two below)

Figure 1 Expansion Site Map

Table 2 below shows the population of the expansion sites. Ward 38 in Ntuzuma has the highest population compared to the other sites. Ward 3 with a population of 25626 is also classified as a rural ward. In areas such as ward 3, the cultural drivers of GBV are prevalent. Therefore GDF must in their programme planning develop interventions that seek to bridle this challenge.

Expansion Sites	Total Population	Female	Male
eThekwini Ward 3	25626	13367	12259
eThekwini Ward 38	35028	17787	17241
eThekwini Ward 54	27383	14193	13190
eThekwini Ward 104	26181	13516	12665

Table 2 Population Size in the Expansion Sites: Source WaziMap

Table 3 below depicts selected statistics of the expansion sites. Ward 104 has 48,2% of the Households headed by females while 36,9% percent of the Households are female headed in ward 3. Though the levels of child headed households are below 1% across the expansion sites, violence against children remains a critical challenge facing children in households where there is no parent. Children without proper adult care are more likely to be abused, exploited and perform poorly at school. According WaziMap website the Percentage 5-17year olds attending School is highest in ward 54.

Expansion Sites	Median Age of the Population	Female Headed Households	Child Headed Household	Households with Income less than R4800	Percentage Completed Matric or Higher	Percentage 5-17year olds attending School
eThekwini Ward 3	25	36,9%	0,18%	4%	40,5%	80,5%
eThekwini Ward 38	23	46,1%	0,16%	6%	36,4%	84,3%
eThekwini Ward 54	24	44,4%	0,19%	7%	41%	86,8%
eThekwini Ward 104	25	48,2%	0,25%	3%	54%	80,0%

Table 3 Selected Statistics for the expansion sites: Source WaziMap

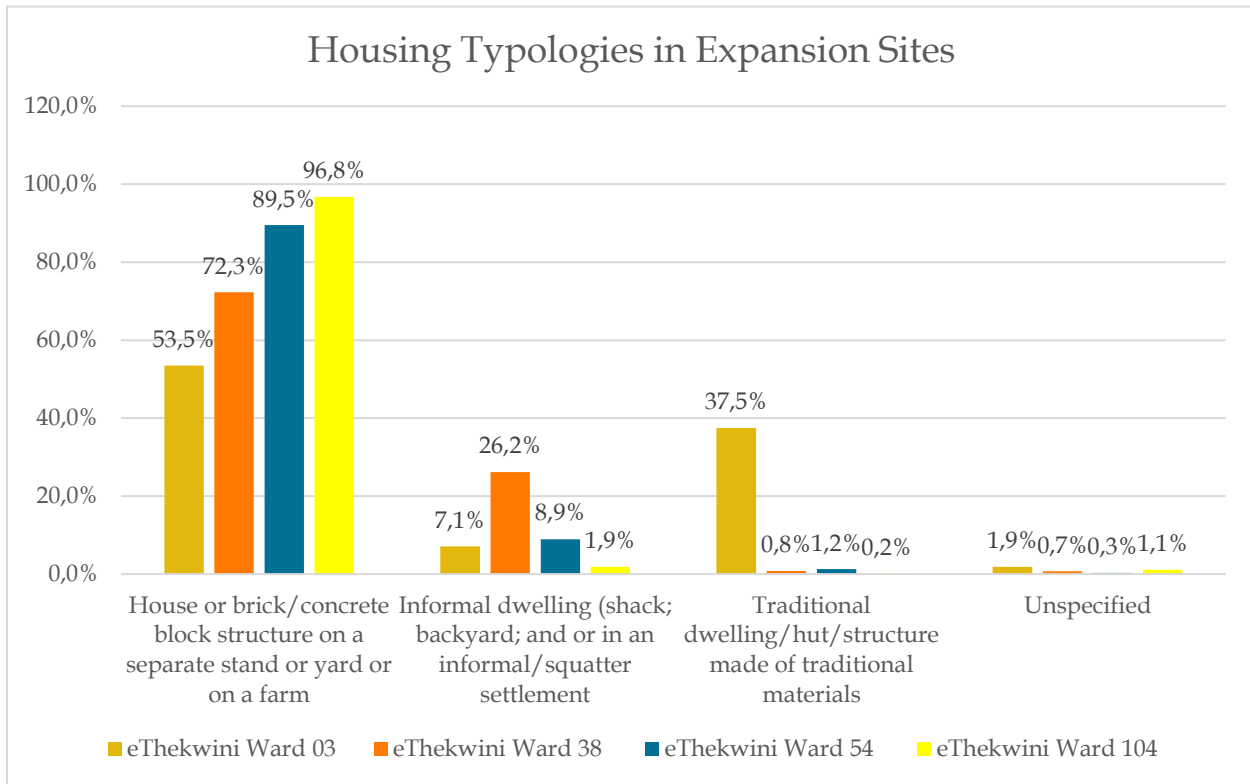


Figure 2 Housing Typologies in the Expansion Sites

Figure two above shows that ward 38 in Ntuzuma Township, has the highest number of informal dwellings (26%). This can be attributed to the mushrooming informal settlements as more people move into the area in search of employment and better livelihoods.

All the expansion sites exhibit typical impoverished area traits where the drivers of GBVF thrive, including informality, low levels of income, lower educational attainment especially of women as well as high number of female headed household.

6.2 Crime Statistics in the Expansion Sites

The project expansion sites are serviced by Inanda, KwaMashu and Ntuzuma police stations. Table two below shows that Inanda police station reported the highest number of rape cases as well as murder for two consecutive years. Nationally Inanda Policing area is classified as the “murder capital” of South African. Table 2 below also shows that expansion sites have the highest rate of contact crimes as well as sexual assaults and rape. This area would also be ideal to implement the Safetipin programme.

CRIME CATEGORY	Inanda Police Precinct			KwaMashu E Police Precinct			Ntuzuma Police Precinct		
	2017/2018	2018/2019	2019/2020	2017/2018	2018/2019	2019/2020	2017/2018	2018/2019	2019/2020
CONTACT CRIMES (CRIMES AGAINST THE PERSON)									
Murder	203	209	231	123	96	115	69	74	70
Sexual Offences	330	385	351	123	152	165	166	207	152
Attempted murder	122	119	140	125	186	116	108	124	100
Assault GBH	1 176	1 024	997	519	434	399	846	728	675
Common assault	548	545	598	451	439	474	358	413	570
Common robbery	142	139	174	141	161	171	129	97	115
Robbery with aggravating circumstances	673	639	804	564	731	655	446	470	482
Total Contact Crimes	3 194	3 060	3 295	2 046	2 199	2 095	2 122	2 113	2 164
Total Sexual Offences									
Rape	278	338	297	107	136	136	144	186	129
Sexual Assault	40	42	28	12	15	24	19	17	18
Attempted Sexual Offences	8	3	19	0	1	3	1	2	3
Contact Sexual Offences	4	2	7	4	0	2	2	2	2
Total Sexual Offences	330	385	351	123	152	165	166	207	152

Table 4 Crime Stats in the Expansion Area Policing Precincts

6.3 Organisations Mapped

The table below shows a list of stakeholders which was gathered from the Convenors of the War Rooms. A process of pre-selecting potential stakeholders was initiated informally prior to the mapping exercise where the project manager engaged with these stakeholders telephonically to introduce the Masiphephe Network.

Overview list of organisations mapped by Gugu Dlamini Foundation		
Names of targeted organisations for mapping	List of organisations mapped	Type of Organisation
Ward 03 Councillor	Ward 03 Councillor	Statutory Institution
Traditional House	Traditional House	Statutory Institution
Sisonke for change	Sisonke for Change	Non-Statutory Institution
Ward 104 Councillor	Ward 104 Councillor	Statutory Institution
Ward 38 Councillor	Ward 38 Councillor	Statutory Institution
Ward 54 Councillor	Ward 54 Councillor	Statutory Institution
KwaMashu B clinic	KwaMashu B clinic	Statutory Institution
KCAP (KwaMashu Community Advancement Projects) Ekhaya Multi Arts Centre)	KCAP	Non-Statutory Institution
COGTA	COGTA	Statutory Institution
EThekwini Primary School	EThekwini Primary School	Statutory Institution
Isibani Orphans Youth Empowerment	Isibani Orphans Youth Empowerment	Non-Statutory Institution
KwaMashu Metro Police	KwaMashu Metro Police	Statutory Institution
Nelisa Mzimela Legacy Foundation	Nelisa Mzimela Legacy Foundation	Non-Statutory Institution
Children's Radio Foundation	Children's Radio Foundation	Non-Statutory Institution
SANTACO	SANTACO Durban Long Distance Taxi Association	Non-Statutory Institution
KZN legislature (KwaMashu)	KZN legislature (KwaMashu)	Statutory Institution
Inanda SAPS		
DSD Inanda		
Indlela Foundation		
KwaMashu Mall Managers		
Vula Iso Foundation		
Lindelani Youth Foundation		
KwaMashu Christian Centre - Emseni Projects		
Correctional Services		
Total number of targeted organisations 25	Total number of organisations mapped = 16	

Table 5 List of Organisation Mapped

Of the 25 stakeholder organisations that were targeted to be mapped, 64% (n=16) were actually mapped. Ten (10) of the organisations mapped are statutory (Government Departments/ civil servants as well as elected and traditional leadership) while six (6)

organisations mapped are non-statutory (these include Non Profit Organisations, Non-Governmental Organisations as well as private sector (business) organisations).

6.4 Geo Location of the Mapped Organisations

Ward Number	Name of organisation	Physical Address	Geo-Location	Contact Person
Ward 03	Ward 03 Councillor's Office	157 Qadi Area	S28.30'54. E30.37'11	Mr Mpilo Mkhize
	Iqadi Traditional House	155 Qadi Area	S28.0'13. E30.19'37	Mr M. Ngcobo
	Sisonke for Change	167 Qadi Area	N/A	Nonhlanhla Mthembu
Ward 38	Ward 38 Councillor's Office	A25 Mdubu Road, Lindelani, Ntuzuma, 4359	N51.17'31.4844 E 0.17'37.32	Nokufika Biyela
	Ward 38 Community Development Worker under COGTA	7 Buro Crescent , Mayville	S29.50'51.8964 E 358'48.612.	Musa Tango
	Nelisa Mzimela	A332	N64.26'9.9492 E 24.31'388236	Data Missing
Ward 54	Ward 54 Councillor's Office	448 Imbokodo Road, Inanda	S30.07'7904 E 30.53'3.8688	Mandla Mkhwanazi
	Isibani Orphans and Youth Empowerment	791 Dube Village, Inanda 4310	N47.16'55.6392 W 0.50'33.1296	Bonginkosi Sithole
	Department of Social Development: Inanda	A2794 Ngungumbane Road, Inanda, 4310	S29.42'58 .0212 E3056'11.274	Ms Radebe
	Durban Long Distance Taxi Association	Durban Station Taxi Rank	S29.50'4199S41.9928 E 31.1'20.4996	Mr S.M. Ndlovu
	CPF PROVINCIAL	Data Missing	N/A	Mr Nzimande
Ward 104	Ward Councillor - 104	Linda Nzama, Bhejane Road, KwaMashu	S29.44'47 . E 30.58'18	Cllr Nhlanhla Shezi Xolisile Shezi
	KCAP	B25 Giya Road, KwaMashu, 4359	S29.44'57 E 30.59'33	Thobile Ximba
	Kwamushu B Clinic	B27 Isinaka Road, KwaMashu, 4359	S29.44'7.08 E 30.58'41.52	Thanda Owalebi
	Department of Cooperative Governance & Traditional Affairs (COGTA)	7 Buro Crescent, Mayville, Durban, 4001	S29.50'51 E30.58'48612	Mrs Nonhlanhla Nzimande
	KZN Legislature Constituency Office	Shop Y, Mandela Road, KwaMashu	S29.44'53 E 3059'5.9424	Bheki Msane
	Children's Radio Foundation	155 Loop Street, Cape Town, 8001	S33.55'27 E18.24'58.248	Monde Ndelu
	Ethekwini Junior Primary School	B36 Giya Road, KwaMashu 4359	S29.44'58 E 30.59'26.808	Gabisile Zulu
Durban Metro Police	P1 Linda Nzama Road, KwaMashu, 4360	S29 45'2.4552 E30 58'11.8308	Parboo Sewpersad	

Table 6 Description of Organisations Mapped

Table 6 six above shows the geolocations and contact persons for the mapped organisations.

6.5 Population served by the Organisations

Ward Number	Name of organisation	Young Women (18 –34 years)	Young men (18 – 34years)	Men (35 – 60+ years)	Children (below 18 years)	Families	Elderly	Immigrants	Sex Workers	LGBTQIA+	Gender non-conforming
Ward 03	Ward 03 Councillor's Office	10	10	10	10	2	8	7	1	0	0
	Iqadi Traditional House	8	2	2	9	5	0	0	0	0	0
	Sisonke for Change	10	10	5	10	10	10	0	0	10	0
Ward 38	Ward 38 Councillor's Office	10	10	10	10	10	10	1	0	4	0
	Community Development Worker	10	10	10	10	10	10	10	5	0	4
	Nelisa Mzimela Legacy Foundation	10	10	10	10	10	0	0	3	10	10
Ward 54	Ward 54 Councillor's Office	8	6	5	7	3	5	3	1	0	0
	Isibani Orphans and Youth Empowerment	5	10	10	5	10	6	0	0	3	0
	Department of Social Development: Inanda	10	10	10	10	10	10	10	1	1	0
	Durban Long Distance Taxi Association	10	10	10	10	10	10	10	0	7	0
	CPF PROVINCIAL	10	10	10	10	10	10	10	0	1	0
Ward 104	Ward Councillor - 104	10	10	10	10	5	10	2	0	0	0
	KCAP	7	10	10	6	6	7	0	0	2	0
	KwaMashu B Clinic	10	10	10	10	10	10	4	0	0	0
	COGTA	7	9	9	6	5	3	2	1	1	0
	KZN Legislature Constituency Office	9	8	8	1	6	4	1	0	2	0
	Children's Radio Foundation	5	10	10	5	5	5	3	0	6	0
	EThekwini Junior Primary School	0	0	0	8	0	0	0	2	0	0
	Durban Metro Police	3	3	5	6	2	4	1	2	0	0

Table 7 Target Population Served by the Mapped Organisations

Table 7 above shows the population served by the mapped organisations. These are ranked in the order of importance with 0 being not served, 1 being the least served to 10 being the most served population. The LGBTQIA+ community is most served by Sisonke for Change and the Nelisa Foundation Legacy Foundation and to a lesser extent by

Isibani Orphans and Youth Empowerment in the expansion sites. Most of the organisations have programmes that impact women, children and men as well families and the elderly. The table above also shows that the organisations do serve the sex workers and the immigrant populations but to a lesser extent.

6.6 Services Offered

Table 8 below shows services offered by the mapped organisations to the populations they serve as well as skills, expertise and capacity staff who see survivors of GBV.

<i>Name of organisation</i>	Description of the organisation	Services provided by the organisation	Trafficking in Persons	Skills, expertise to survivors GBV
<i>Ward 03 Councillor</i>	Responsible to the electorate and is chief advocate for the ward in the Municipality with regards to service provision	Leadership, Psycho-Social ,Legal ,Educational ,referrals	No	None
<i>Iqadi Traditional House</i>	Custodian of Culture and Traditions of Amaqadi-	Community Leadership and Advisory Services as well dispute Resolution.	None	None
<i>Sisonke for Change</i>	Community Youth Organisation that has various programmes that aim to develop the youth and community in general.	Skills Development, Motivating Girls to stay in School, GBV Awareness, Home Visits to the elderly.	No	We require more skills
<i>Ward 38 Councillor's Office</i>	Responsible to the electorate and is chief advocate for the ward in the Municipality with regards to service provision	Leadership, Psycho-Social ,Legal ,Educational ,referrals	No	Skills to respond to GBV are much-needed
<i>Ward 38 Community Development Worker under COGTA</i>	Community Development Workers work within the community to identify areas where the community requires social assistance and other developmental activities.	Profiling and reporting to the war room and department.	No	More training is required to address and respond to GBV.
<i>The Nelisa Mzimela Legacy Foundation</i>	Community Development , Arts, Culture and Heritage	Conducts educating to the community about the rights of Lesbians, Gays, Bisexual, Transgender, Intersex persons. Provides a safe space for the LGBTI community to exist.	No	Skills to respond to GBV are much-needed
<i>Ward 54 Councillor's Office</i>	Responsible to the electorate and is chief advocate for the ward in the Municipality with regards to service provision	Leadership, Psycho-Social ,Legal ,Educational ,referrals	No	Require Skills to adequately respond to GBV

<i>Isibani Orphans and Youth Empowerment</i>	Organisation focuses on youth and orphans	Youth development, feeding scheme, GBV awareness	No	Staff received training through Masiphephe Network, better equipped to address and respond to GBV.
<i>Department of Social Development: Inanda</i>	Government Department	Programmes that aim to improve social functioning of vulnerable groups..	Yes	Qualified Social Workers offer psychosocial support
<i>Durban Long Distance Taxi Association</i>	Taxi Service	Transport	No	Skills to address and respond to GBV are required.
<i>Community Policing Forum PROVINCIAL</i>	Crime prevention and support to SAPS	Crime preventions	No	Knowledge and Skills to support GBV Saviours and help to organise Campaigns
<i>Ward Councillor - 104</i>	EThekweni Municipality, Ward 104 Councillor's office in KwaMashu, covering sections: B, G, P, J (partly), H (partly)	Psycho-social (responding to family crises, GBV matters etc), Educational and other (matters relating to Home Affairs, SASSA etc.).	No	Staff that works have been trained on basic counselling as. Require Skills to adequately respond to GBV
<i>KCAP (KwaMashu Community Advancement Projects) Ekhaya Multi Arts Centre</i>	Skills development ,writing script, acting	Youth skills development in arts, The centre also houses Vibe FM, which is a community radio station, and the Children's Radio Foundation.	No	Require Skills to adequately respond to GBV.
<i>Kwamashu B Clinic</i>	EThekweni Municipality Primary Health Care Facility that provides primary health care to the community of KwaMashu and surrounding areas.	Medical, educational, psychosocial	N/A	Require Skills to adequately respond to GBV.
<i>Department of Cooperative Governance & Traditional Affairs (COGTA)</i>	Community Development Workers programme	Bridge between government and communities with regards to service delivery. Conduct Home visits	No	Require Skills to adequately respond to GBV.
<i>KZN Legislature Constituency Office</i>	KZN Legislature Constituency Office - designed to provide efficient and effective administrative support to Members of Parliament.	Other - Political	No	Staff have received basic counselling training ,required specifically with regards to GBV.

<i>Children's Radio Foundation</i>	An inter-continental organisation where young people are enrolled to become youth reporters thereby focusing on challenges that are faced by the youth, including GBV in order to change lives in the community.	Through radio, youth reporters educate the community about adolescent health, HIV/AIDS, LGBTI+ rights, violence and safety, climate change, education and opportunity.	No	The staff are trained to report in a manner that addresses GBV and they work with various professionals who offer expert advice.
<i>EThekweni Junior Primary School</i>	This is a government junior primary school.	Educational	No	Training of educators on GBV is still required.
<i>Police Department</i>	Crime Prevention, By-Law Enforcement and Traffic Control)	Training / education on GBV	Yes	Such cases are handed over to SAPS.

Table 8 Services Offered by Mapped organisations

The KwaMashu Masiphephe network will have to develop and implement a structured capacity development programme to enhance the skills of the mapped organisations who are willing to join the network on GBV response and interventions. Most organisations mapped will best serve the network in advocacy and awareness creation targeting their programme beneficiaries and the larger community. The services the organisations are providing are diverse and reach all sectors targeted by the Masiphephe network.

6.7 Resources Required to Enhance GBV

<i>Resources to Enhance GBV Prevention and Response Interventions</i>	
<i>Ward 03 Councillor's Office</i>	Require funding, Trainings, and Educational Equipment
<i>Iqadi Traditional House</i>	Transport ,Funding ,Skilled Staff
<i>Sisonke for Change</i>	Data,& Airtime, Funding ,Skilled Staff
<i>Ward 38 Councillor's Office</i>	Dedicated Programmes such as Masiphephe Network to drive GBV interventions in the ward.
<i>Development Worker under COGTA</i>	Community Empowerment through the Masiphephe Network
<i>Nelisa Mzimela</i>	Data Missing

<i>Ward 54 Councillor's Office</i>	Funding of local interventions , Campaigns for anti GBV Activities/ structured and sustainable Collaboration platforms with other Stakeholders,
<i>Isibani Orphans and Youth Empowerment</i>	Funding, Data, Airtime and Capacity both human and material to be dedicated to anti GBV programmes
<i>Department of Social Development: Inanda</i>	Human resources (skilled staff), means of communication, and transport
<i>Durban Long Distance Taxi Association</i>	Shelters where commuters and drivers can stay and be safe at night while waiting for taxis to start operating the following morning.
<i>CPF PROVINCIAL</i>	Stipend for CPF members, like the volunteers of the Metro's Safer City Programme
<i>Ward Councillor - 104</i>	An office that specifically handles GBV matters is much needed because referrals made to DSD often are delayed as Social Workers have other case to attend to. This is not ideal for those requiring psychosocial support, as they are required to wait. At the moment, the ward is in the process of the building of a shelter for abused women and children.
<i>KCAP (KwaMashu Community Advancement Projects) Ekhaya Multi Arts Centre</i>	Support by organisations such as GDF with GBV interventions
<i>KwaMashu B Clinic</i>	Data Missing
<i>Department of Cooperative Governance & Traditional Affairs (COGTA)</i>	Skilled Staff ,Finance , Transport and Airtime
<i>KZN Legislature Constituency Office</i>	Airtime And Data, Funding and skilled Staff
<i>Children's Radio Foundation</i>	Collaborative Platforms for learning and sharing Ideas
<i>Ethekwini Junior Primary School</i>	Training of teachers on GBV
<i>Police Department</i>	GBV Education/Training, Another Thuthuzela Centres , and Vehicles

Table 9 Resources required to Enhance GBV

Table 9 shows each for each organisation mapped their most important resource needs to enhance GBV prevention and response intervention. Almost all organisations that were mapped indicated a need for:

- Funding to help enhance GBV response interventions;
- Training of their staff members in GBV prevention and response interventions;
- Airtime and Data and funding to improve communication (including with Victims of Crime); and

- Transport – for any organisation to function efficiently, transport plays an important role. All organisations indicated that their transport requirements far out way what they have.

The Children's Radio Foundation and three other mapped organisations (Ward 38 and 54 Cllrs and Community Development Worker) all expressed a need for structured and sustainable collaborative platforms for learning and sharing Ideas on GBV response and intervention as an important and urgent need.

6.8 Social /economic/ educational challenges

A large majority of the mapped organisations indicated that poverty, high unemployment rate, crime and substance abuse as the causes of the prevailing social ills in the greater INK area. The interviewee, Ward 38 Councillor pointed to the fact that most families in the area rely on social grants. He further indicated that this is a source of the GBV as families parents fight over the money as the needs and priorities are different for family members. The lack of infrastructure was also raised a challenge in the area, this contributes to lack of employment and general development of the communities.

There is also a serious challenge of drug abuse in the area, which fuels criminality and gender based violence. The interview from the Nelisa Mzimela Foundation also pointed to a sharp rise of child headed households, and the vulnerabilities that accompany such households. Abuse of the elderly was also raised as a challenge in the area and mostly arises from family members particularly the youth demanding monies in order to maintain their addition to alcohol and drugs.

The safety of particularly those who travel from far flung areas and arrive at night are also targeted and become victims of crime, including GBV. The Taverns generally do not adhere to the prescripts of their licence conditions as some are even situated close to schools and they tend to open until the early hours of the morning, contributing to violence, rape and robberies.

The KwaMashu hostel, which is regarded as one of the most dangerous places to live in South Africa. Children living in the hostel are exposed to unprecedented levels of violence. They also share sleeping quarters with their adult caregivers and are usually exposed to adults being intimate.

6.9 Reporting of GBV Cases.

GBV cases in the area by enlarge reported to the South African Police Services. However, the trust deficit that victims of crime and society have, some cases are reported to community organisations like the Gugu Dlamini Foundation. Minor dispute cases reported to the Qadi Traditional court including GBV.

Eight of the mapped organisations are not are aware of the services of the Thuthuzela Care (TCC) in Mahatma Ghandi Hospital. Some of the respondents indicated that the TCC in Mahatma Ghandi hospital is very far from where we they live. In cases where the organisations do not know about the TCC or it is far, they tend to refer GBV cases to the SAPS, Gugu Dlamini Foundation as well as to the Lindelani Clinic.

6.10 Collaboration on GBV interventions

Table 10 below shows the existing network that each partner belongs to, in their response to GBV.

Partners worked with on GBV interventions	
Ward 03 Councillor's Office	SAPS- Inanda Police Stations, ASSA, eThekwini Municipality, Home Affairs Impumelelo of the Disabled Rural Community Project
Iqadi Traditional House	SAPS ,Ward committee, Modise Community Trust
Sisonke for Change	N/A
Ward 38 Councillor's Office	African Champion Youth
Ward 38 Community Development Worker under COGTA	Uthando Home Care Centre
Nelisa Mzimela Legacy Foundation	Lindelani Youth Forum
Ward 54 Councillor's Office	N/A

Isibani Orphans and Youth Empowerment	GDF/Masiphephe Network
Department of Social Development: Inanda	Epilepsy Foundation
Durban Long Distance Taxi Association	N/A
CPF PROVINCIAL	N/A
Ward Councillor - 104	N/A
KCAP (KwaMashu Community Advancement Projects) Ekhaya Multi Arts Centre	Thabile Buthelezi Foundation
Kwamushu B Clinic	Missing Data
Department of Cooperative Governance & Traditional Affairs (COGTA)	Masiphephe Network/Gugu Dlamini Foundation
KZN Legislature Constituency Office	Gugu Dlamini Foundation / Masiphephe Network
Children's Radio Foundation	N/A
EThekwini Junior Primary School	Cotton On Foundation
Metro Police Department	SAPS

Table 10 GBV Intervention-Collaborations

There is no specific forum for GBV collaboration in all the expansion sites. However each of the organisations do from time to time come across a GBV case that they refer either to the TCC in Mahatma Gandhi Hospital, Local Police Station or other health facilities. The organisations listed as collaborators in the fight against GBV are actually existing networks which organisations across refer to, based on the peculiarity of the cases.

6.11 Challenges and recommendations to collaboration

All potential partners in the Masiphephe Network see coordination and collaboration on GBV prevention and response interventions as important to stop the scourge of GBV in the area. The challenges raised included that:

- There is limited funding for GBV work;
- There are very few organisations if any dealing specifically with GBV in these wards;
- Organisations do not have the capacity to implement GBV prevention and response interventions;
- There is contestation between community organisations and sometimes collaboration results in turf tussles;
- There is a lack of commitment of partners to collaborate with political office bears;
- The tribal court system needs to be better equipped on dealing with GBV victims;
- Government departments who are charged with the responsibility to mitigate GBV do not attend War Rooms; and
- There is lack of Coordination between Metro Police and SAPS.

A number of mapped organisations have acknowledge the role played by GDF in trying to bring all relevant stakeholders to be part of the GBV forum. They pointed out that the Masiphephe Network has created the ideal platform for addressing GBV in the INK area.

A need to have a structured and sustainable programme that is not driven by calendar days is important to foster and strengthen coordination and collaboration.

6.12 Willingness to Join the Masiphephe Network

The mapped organisations all participate to a varying degree in the Service Delivery War Room. The Ward Room brings together all service delivery stakeholders (statutory and non-statutory) to provide services in an integrated manner. The War Room is chaired by the ward Councillor. Although this structure is not GBV focused, it presents the best possible mechanism available to mainstream gender programmes and facilitate local implementation of the anti-GBV strategy.

Although no direct question was asked about willingness to participate in the Masiphephe Network, conclusion can be drawn from the responses on factors that can help improve

coordination and collaboration. They pointed out that the Masiphephe Network has created the ideal platform for addressing GBV in the INK area. There is however an expectation of resources including capacity development and funding to assist these partners to make a meaningful contribution in the Masiphephe network as well as help in the fight against GBV

6.13 Potential stakeholders relevance

The stakeholder mapping strategy document asserts that the key outcome of the mapping process must yield an understanding of each potential stakeholder’s relevance and the perspective they offer, as well to understand their relationship to GBVF.

<i>Name of organisation</i>	<i>Contribution Legitimacy</i>	<i>Willingness to Engage</i>	<i>Influence</i>	<i>Necessity of Involvement</i>	<i>Final outcome</i>
<i>Ward 03 Councillor</i>	Low	High	Medium	Medium	
<i>Iqadi Traditional House</i>	High	High	Medium	High	
<i>Sisonke for Change</i>	High	High	Low	High	
<i>Ward 38 Councillor's Office</i>	Low	High	Medium	Medium	
<i>Ward 38 Community Development Worker under COGTA</i>	Medium	Low	Medium	High	
<i>The Nelisa Mzimela Legacy Foundation</i>	High	High	Medium	High	
<i>Ward 54 Councillor's Office</i>	Low	High	Medium	Medium	
<i>Isibani Orphans and Youth Empowerment</i>	Medium	High	Medium	Medium	
<i>Department of Social Development: Inanda</i>	High	High	High	High	
<i>Durban Long Distance Taxi Association</i>	Low	High	Medium	Medium	
<i>Community Policing Forum PROVINCIAL</i>	High	High	High	High	
<i>Ward Councillor - 104</i>	Low	High	Medium	Medium	
<i>KCAP Ekhasya Multi Arts Centre</i>	High	Low	Low	Medium	
<i>Kwamushu B Clinic</i>	High	High	High	Low	
<i>Department of Cooperative Governance & Traditional Affairs (COGTA)</i>	High	Low	Medium	Medium	
<i>KZN Legislature Constituency Office</i>	High	Low	Low	Medium	
<i>Children's Radio Foundation</i>	High	Low	Medium	Medium	
<i>EThekweni Junior Primary School</i>	High	Low	Medium	Medium	
<i>Metro Police Department</i>	High	High	High	High	

Table 11 Analysis of the Mapped Stakeholders

Table 11 above shows the ranking according to the prescripts of CCI's stakeholder mapping strategy document based on the responses gathered using the stakeholder-mapping tool. Of the organisations mapped, 6 demonstrated high relevance and a clear perspective they offer, as well to understand their relationship to GBVF. These organisations are already working with key populations that are more vulnerable to GBV and are willing to engage in the Masiphephe network. They have a potential to make an immediate impact in contributing to achievements of Intermediate Results (IRs) such as improved referrals and victim empowerment, as well as long-term outcomes such as breaking the cycle of violence and social cohesion.

7 References

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